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In re Patent Application of: Kevin P. Connors et al.

Atty Docket No. ALTU-530

Application No.: 10/687,040

Filed: October 16, 2003

Confirmation No.: 8964

For: HAIR REMOVAL DEVICE AND METHOD

M/S AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmittal herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	50	MINUS	55	0	x \$50 =	\$0
INDEP.	10	MINUS	11	0	x \$200 =	\$0
FIRST PRESENTATION OF MULTIPLE DEP CLAIMS					+ \$360	\$0
TOTAL						\$0

Small Entity 50% Filing Fee Reduction (if applicable)

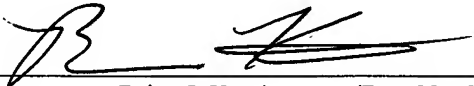
\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.)

- ☒ No additional fee is required.
- ☒ Attached for review is a copy of the IDS form, including PTO-1449 form, mailed to the PTO 12/21/2004.
- ☒ Please charge any additional fees, including any fees necessary for extensions of time or credit overpayment to Deposit Account No. 50-1703, under Order No. ALTU-530.
A duplicate copy of this sheet is enclosed.
- ☒ Petition for extension of time. The undersigned attorney of record hereby petitions for an extension of time pursuant to 37 C.F.R. § 1.136(a), as may be required, to file this response.

STALLMAN & POLLOCK LLP

Dated: August 25, 2005

By: 
Brian J. Keating (Reg. No. 39,520)
Attorneys for Applicant(s)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 25, 2005.

Dated: August 25, 2005

By: 
Georgia K. Stith

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Serial/Patent/Reg. No. 10/687,040

S&P File No. ALTU-530

By: BJK:gks

In the Matter of the Application of: ✓ Kevin P. Connors et al.

Title/Mark: HAIR REMOVAL DEVICE AND METHOD

Date Mailed: 12/21/2004

Due Date: 1/4/2005

The following has been received in the U.S. Patent and Trademark Office on the date stamped hereon:

<input checked="" type="checkbox"/> Transmittal Letter x2	<input type="checkbox"/> Trademark (Use) Appln., Drawing and _____ Specimens
<input type="checkbox"/> Patent Application	<input type="checkbox"/> ITU Trademark Application and Drawing
<input type="checkbox"/> _____ pgs. specification including _____ pg. claims	<input type="checkbox"/> _____ Request for Extension to Time (trademark)
<input checked="" type="checkbox"/> Drawings 7 sheets <input checked="" type="checkbox"/> formal <input type="checkbox"/> informal	<input type="checkbox"/> (Notice of Allowance: _____)
<input type="checkbox"/> Oath/Declaration	<input type="checkbox"/> Statement of Use/Amendment to Allege Use
<input type="checkbox"/> Assignment w/ Form PTO-1595	<input type="checkbox"/> Section 8 & 15 Declaration
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Trademark Renewal Application and _____ Specimen
<input type="checkbox"/> Small Entity Declaration	<input type="checkbox"/> Opposition to _____
<input checked="" type="checkbox"/> Deposit Account Authorization (in duplicate)	<input type="checkbox"/> Petition for Cancellation
<input checked="" type="checkbox"/> Information Disclosure Statement, PTO-1449 w/ 50 references	<input checked="" type="checkbox"/> Certificate of Mailing
<input checked="" type="checkbox"/> Check \$905.00	<input type="checkbox"/> Express Mail Certificate No. _____
<input checked="" type="checkbox"/> Response to 10/4/04 Ofc. Act.	<input type="checkbox"/> Certificate under §3.73(b)
<input type="checkbox"/> Request for Extension of Time (_____ months)(patent)	<input type="checkbox"/> Certificate of Correction (PTO Form 1050)
<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Response postcard
<input type="checkbox"/> Notice of Appeal	<input checked="" type="checkbox"/> Other: <u>Submission of Replacement</u>
<input type="checkbox"/> Appeal Brief (in triplicate)	<input type="checkbox"/> <u>Formal Dwgs.</u>
<input type="checkbox"/> Letter to Official Draftsman	<input type="checkbox"/> _____
<input type="checkbox"/> Issue Fee Transmittal	<input type="checkbox"/> _____
<input type="checkbox"/> Maintenance Fee Transmittal	<input type="checkbox"/> _____
<input type="checkbox"/> Request for _____	<input type="checkbox"/> _____

Formal Drawings Filed
IDS Filed

06/21/05 - Follow up - Response filed

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